

**Master trainers complete and return this form  
when scheduling a peer leader training.**



# Take Control of Your Health

## ***Notification of Upcoming Peer Leader Training***

Site Name		Training Dates		Start Time
Address		City	Zip Code	
Host Organization		Language (if other than English)		
Master Trainer 1		Telephone Number	Email Address	
Master Trainer 2		Telephone Number	Email Address	
Master Trainer 3		Telephone Number	Email Address	
Program Type: <input type="checkbox"/> Chronic Disease Self-Management Program <input type="checkbox"/> Diabetes Self-Management Program <input type="checkbox"/> Tomando Control De Su Salud <input type="checkbox"/> Manejo Personal de la Diabetes				
Would you like to have this workshop marketed through the state listserv? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide the contact information for registration:				